

# EFNEP

## Expanded Food and Nutrition Education Program

### Cooperative State Research, Education, and Extension Service



### *FY 2001 Program Impacts*

United States  
Department  
of Agriculture



**EFNEP**  
**Expanded Food and Nutrition Education Program**

The Expanded Food and Nutrition Education Program (EFNEP) is a unique program that currently operates in nearly 800 counties throughout the 50 states and in the territories of American Samoa, Guam, Micronesia, Northern Marianas, Puerto Rico, and the Virgin Islands. It is designed to assist low-income audiences in acquiring the knowledge, skills, attitudes, and changed behavior necessary for nutritionally sound diets, and to contribute to their personal development and the improvement of the total family diet and nutritional well-being.

EFNEP targets two primary audiences: low-income youth and low-income families with young children. In Fiscal Year 2001, EFNEP reached 447,027 youth and 164,154 adults; approximately 600,930 family members (1,651 more than FY'00) were indirectly reached through the adult participant.

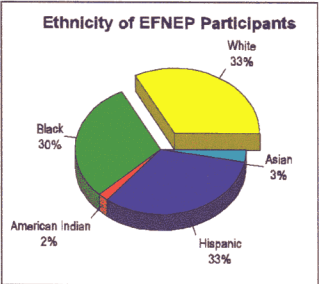


Figure 1

**Who Are EFNEP Families?**

- 74% of EFNEP families receive Federal food assistance at entry; EFNEP helps 8% more receive this assistance at exit.
- 33% of the enrolled families have income at or below 50% of the poverty level.
- As shown in figure 1, 68% of the families are from minority groups (3% more than FY'00).

**EFNEP Serves Those In Greatest Need**

Poor health disproportionately affects minority and low income populations in the US. EFNEP focuses heavily on minority populations. In 2001, EFNEP reached 33% Hispanics, 30% percent African Americans, and 2% Native Americans. Recent studies have found the anomaly that people who are most food insecure (i.e. are missing meals because they do not have enough money to purchase food, or are worried about running out of food) are at greater risk for obesity than those who are food secure. This finding may relate to the feast and famine scenario. The women may run out of food near the end of the month, and then overeat highly palatable foods once resources become available. This binge and restriction cycle can disrupt metabolic patterns and internal cues of satiety, leading over time to increases in body weight. The integrated curriculum taught in EFNEP helps to reach a high risk audience with the skills they need to reduce their risk, including balancing their food resources to last throughout the month.

**How is EFNEP Taught?**

EFNEP is delivered as a series of lessons, often over several months, by paraprofessionals and volunteers, many of whom are indigenous to the target population. The hands-on, learn-by-doing approach allows the participants to gain the practical skills necessary to make positive behavior changes. In 2001, 2,448 paraprofessionals along with 37,419 volunteers delivered an average of 9 lessons to EFNEP adult participants, and a range of 6 - 15 or more lessons to youth. With over 1,440 FTEs devoted to the EFNEP program, 72% of that time was spent on the adult participant. For the majority of the adult participants (76%), delivery was by way of a group environment, 18% one-to-one instruction, 5% a combination of the two instructions, and 1% were taught through a different type of instruction (i.e, telephone, mailings, etc.) Sixty-six percent (66%) of adult participants completed the program, and 19% are continuing the program in the year 2002. Through EFNEP, participants learn self-worth — that they have something to offer their families and society.

The delivery of EFNEP youth programs takes on various forms. EFNEP provides education at schools as an enrichment of the curriculum, in after-school care programs, through 4-H EFNEP clubs, day camps, residential

camp, community centers, neighborhood groups, and home gardening workshops. See Figure 2 for a breakdown of youth delivery methods. In addition to lessons on nutrition, food preparation and food safety, youth topics may also include fitness, avoidance of substance abuse, and other health-related topics.

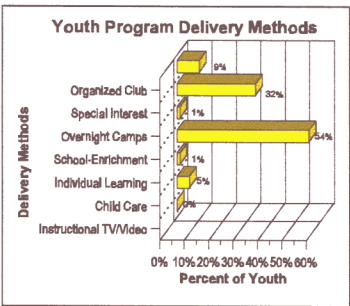


Figure 2

## How Are Accomplishments Measured?

### Adult Component

Data from the EFNEP Evaluation/Reporting System is used to measure food practices and dietary improvements. Ten key food-related practices were measured at entry into EFNEP and upon graduation. These behavior changes translate into significant improvements in daily living skills. Results based on data from 106,062 graduates show that:

- 83% improved in one or more food resource management practices (i.e., plans meals, compares prices, does not run out of food or uses grocery lists);
- 87% improved in one or ore nutrition practices (i.e., makes healthy food choices, prepares foods without adding salt, plans meals, reads nutrition labels or has children eat breakfast); and
- 67% improved in one or more of the food safety practices (i.e. thawing and storing foods properly).

As figure 3 indicates, when participants first enrolled in the program, only 4% followed the desirable practices for all ten indicators. At the end of the program, 25% had achieved this goal. These practices were measured based on entry and exit assessment of four indicators of Food Resource Management (FRM), five

indicators of Nutrition Practices (NP), and two indicators of Food Safety (FS).

In addition to the ten key food-related practices that focused on food resource management, nutrition practices, and food safety, states also have the option of selecting from 130 additional questions that measure behavior in the following areas: attitude/barriers; cooking attitude; food preparation; healthy lifestyle; knowledge; locus of control; money management; nutrition attitude; parenting; personal development; physical fitness; pregnancy; personal relationship; stages of change; food security; and other needs.

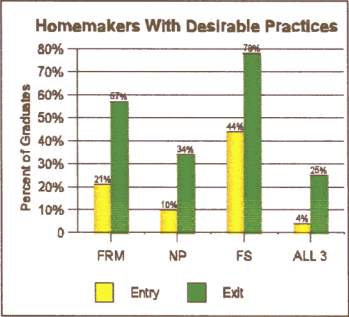


Figure 3

Some of the results from these questions include:

Nutrition Practices

- 65% (86 of 133 participants) now read food labels for fat content;
- 63% (89 of 141 participants) now often serve more than one kind of vegetable to their family each day;
- 65% (280 of 433 participants) now eat 3 or more servings of vegetables each day;
- 45% (303 of 670 participants) now eat 2 or more servings of fruit each day;
- 57% (77 of 135 participants) now often serve more than one kind of fruit to their family each day;
- 56% (585 of 1054 participants) now consume 2 - 3 servings of milk, yogurt, and cheese each day;
- 62% (179 of 287 participants) now often eat low-fat foods instead of high-fat foods.

Food Safety

- 45% (59 of 130 pregnant women) are preventing listeria by heating hot dogs, lunch meats, cold cuts and deli meats until steaming hot.

Physical Fitness

- 42% (286 of 675) participants ) now exercise for a total of 30 minutes each day.

Money Management

- 50% (3,860 of 7,721 participants) now use a written spending plan or budget;
- 50% (175 of 347 participants) now keep track of some or all of their expenses;
- 42% (260 of 622 participants) now often set aside money for occasional bills;
- 56% (74 of 133 participants) now feel confident about managing their money to make healthy food available in their home.

EFNEP Changes Behavior

An independent study by the Produce for Better Health Foundation assessed how Federal programs were addressing the gap between the current consumption patterns of fruits and vegetables and the recommended levels of intake. They found that EFNEP is by far the most effective Federal program in increasing consumption of fruits and vegetables. EFNEP has demonstrated that effectively administered and well-funded nutrition education programs focusing on fruits and vegetables can make an impact. Latest data shows positive and statistically significant behavioral changes including a change in vegetable consumption of almost 1 serving and almost a doubling in the percent of graduates consuming 3 or more servings of vegetables per day. For fruits, average servings per day increased by 0.7 servings. The total increase for both fruits and vegetables was 1.6 servings.

Dietary Changes

The dietary intake of six key nutrients that are often limited in the diets of low-income audiences: protein, iron, calcium, Vitamin A, Vitamin C, and Vitamin B<sub>6</sub> are also measured. As figure 4 illustrates, as a result of participation in EFNEP, intake levels for each nutrient increased.

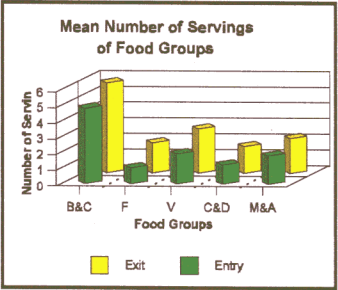


Figure 4

There were also substantial improvements in the intake of food to meet the

recommendations of the Food Guide Pyramid. As figure 5 illustrates, mean number of servings for each of the five groups improved. Servings increased as follows: 0.9 servings in the Breads & Cereals, Fruit, and Vegetable groups; 0.5 servings in the Calcium/Dairy group; and 0.4 servings in the Meats & Alternatives group.

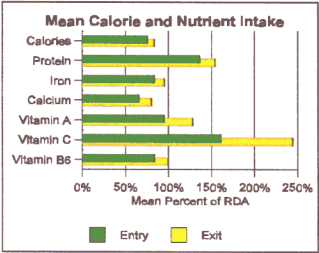


Figure 5

At entry, only 20.2% of the 108,751 graduates measured, had a diet that provided even half the recommended number of servings of breads and cereals and at least serving from each of the other food groups. At exit, 51.5% of the participants had achieved this minimal level of intake. Ninety-two percent (92%) showed positive change in at least one food group at exit.

Youth Component

Data from the EFNEP Evaluation/Reporting System is also used to measure food practices and dietary improvements for youth. Four key impact indicators were measured at entry into EFNEP and upon graduation. Results based on data from 337,585 youth from 15,138 youth groups show that:

- 74% (62,298) of 84,187 youth from 3,835 groups now eat a variety of foods;
- 77% (73,997) of 96,100 youth from 4,332 groups increased knowledge of the essentials of human nutrition;
- 67% (49,645) of 74,098 youth from 3,140 groups increased their ability to select low-cost, nutritious foods, and;
- 73% (60,736) youth from 3,831 groups improved practices in food preparation and safety.

EFNEP has also been successful in collaborating with other agencies/organizations to increase its impact on youth. Throughout the country EFNEP has collaborated with school systems, daycare centers, boys and girls clubs, and other youth-oriented organizations to make a

difference in the lives of youth. As a result, youth develop self-esteem, learn new food-related skills, and learn to work cooperatively in groups.

**EFNEP Saves Money**

Multiple cost-benefit analyses highlight the value of EFNEP. A Virginia study found that for every \$1 invested in EFNEP, \$10.64 in benefits from reduced health care costs can be expected. An Iowa study showed \$8.03 in benefits; a consortium of 6 Midwestern states found \$8.82; and a smaller state, Oregon, had \$3.63 in benefits. Another study in Tennessee looked at food expenditures, and found that for every \$1 spent to implement EFNEP, \$2.48 is saved on food expenditures. This reduces the need for emergency food assistance and saves money for other necessities.

**EFNEP Affects Each Participant in a Unique Way**

Some statements from EFNEP participants include:

In the Parents and Children Learning Together Program in *Connecticut*, some Latino youth expressed their sentiments about the program by saying, “I didn’t know I liked vegetables, but now I eat my raw broccoli”; “My mom is making bread with us, we have lots of time together”; “My mom is buying 100% juice”; and, “I’m drinking water everyday.”

In *Indiana*, after completing the Have A Healthy Baby curriculum, some participants exclaimed, “I am eating a lot better foods for the baby and me”; “My boyfriend stopped smoking around me”; “I realize that the baby is still hungry, even though I am not”; I have been eating more fruits and vegetables, and drinking more milk”; “I quit smoking after learning more about my baby.”

In *Montana*, after an EFNEP Nutrition Assistant assisted a homeless client with her diabetic needs, the client remarked, “I feel great. I really can think clearer now.”

In *Nebraska*, after learning how the three-week old cooked turkey in her refrigerator was no longer edible, one mother stated, “No one has ever told me that. My family could have gotten sick.”

In *Oregon*, one participant states, “I have totally changed the way I think about cooking and buying food...My food bill went down \$200 a month by just thinking differently.”

In addition, EFNEP Builds Personal Success:

- ▶ When 16 year-old LaSha Frazier of Iowa, was enrolled in EFNEP, she was a pregnant teen who was eating at fast food restaurants and had little idea of how to make healthy food choices. EFNEP home visits helped her learn to eat nutritiously and avoid drugs for a healthy pregnancy. She learned to budget her money and, with the encouragement of the EFNEP program assistant, received her GED and became the assistant manager of a local business. She achieved a personal goal when she recently moved into a house and purchased her own furniture.
  
- ▶ Joan Tuck of Virginia, became involved with EFNEP through a special class taught at the Community College. Joan showed little interest, seldom raised her head, and never participated in discussions. The group director asked the EFNEP program assistant to work with Joan individually because she had special needs. Both knees had been crushed in an accident and she was going to be in a wheel chair if she didn't lose at least 50 pounds. The program assistant incorporated an eating plan, some exercises, and a lot of support and self-esteem building into her EFNEP lessons. Six months later, she had lost 58 pounds, found a job, a home, and a reason to live. Joan's comment about EFNEP was “Without the help of Brenda and EFNEP, I might have committed suicide.”

- ▶ In June 1989, Toni Pollard of Virginia enrolled in EFNEP. She was a shy, withdrawn, pregnant teen, only 13 years old. EFNEP opened many doors for Toni. It provided her a friend, a confidant, a teacher, and a belief in herself that she was important and she could make life better for herself. After participating in the program, Toni gave birth to a healthy baby boy, regained her self-esteem, and re-enrolled in school. She became involved in the regular 4-H program, winning first place in public speaking and a trip to State 4-H Congress. Toni says that 4H-EFNEP gave her the hope and courage to strive for a better life.

<http://www.reeusda.gov/f4hn/efnep/efnep.htm>

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202/720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call 202/720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

*Revised June 2002*